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Reflections on a Conversation With a Curandera

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A *curandera* is recognized as a “culture or folk practitioner” in Latino cultures. Is the role of a curandera relevant to teaching transcultural nursing care in today’s health care environment? Preconceived ideas of both Latino and non-Latino people have influenced how nurses and physicians view the role of the curandera. This article describes the lessons learned by the author and serves as encouragement for other nurses to be willing to incorporate the cultural practices of the curandera into modern health care.

Keywords: *curandera; Latino health beliefs; hot–cold theory of food; limpia; culture-bound syndromes*

As a nurse educator for the past 10 years, I have taught many classes regarding cultural diversity and transcultural nursing issues. While teaching these classes and reading current literature, the role of a *curandera* (Andrews & Boyle, 2003; Leininger & McFarland, 2002; Ortiz, 2005) in Latin American culture frequently arises. A curandera is recognized as a “culture or folk practitioner” in Hispanic cultures (*curandero* implies a male practitioner; Andrews & Boyle, 2003). It is interesting that a Spanish–English dictionary indicates a “curandero/curandera” is a “quack, medicaster, witch-doctor” (Dutton, Harvey, & Walker, 1969). A recent version of a Spanish–English dictionary, the *Southwestern Medical Dictionary* (Kay, 2001), defines the curandera as a “healer who uses ethnic traditional methods” (p. 53). This recent version provides a more positive view of this traditional care provider.

Several times young adults of Latin American descent have approached me after class to share their varying perceptions of the use of a curandera in current health care. Some of them expressed gratitude that I share this information with their American peers, yet some have been adamant that the role of a curandera is outdated and only used by the Latin American elders or less educated people. Is the role of a curandera relevant for teaching nurses today? Are curanderas truly prevalent in today’s society? What value can the curandera bring to modern health care, if any? These are just some of the questions that my students’ conversations have brought forth.

Review of Literature

Although we do not know the current numbers of curanderas who are practicing in the United States, there

is literature to suggest that *curanderismo*, a broad term for the Latin American healing system (Maduro, 1983), does exist. The term *curandera* comes from the Spanish verb *curar*, “to heal” (Ortiz, 2005). The curandera provides a wide range of healing services for both physical and psychological problems, such as gastrointestinal distress, musculoskeletal injuries, sexual problems, alcoholism, and depression (Giger & Davidhizar, 2004). A closely associated care provider is the *partera*, a folk healer who specializes in childbirth (Ortiz, 2005). Kay (2001) defined the partera as a “midwife, person licensed to assist in childbirth” (p. 133). Although Kay defined the partera as a midwife, this person is usually a lay-person trained in childbirth procedures. The state of New Mexico acknowledges the value of the curandera–partera as a significant collaborative influence on the Midwifery Consultant Program, which was initiated in 1938 (Ortiz, 2005). The midwives worked with the curandera–parteras to improve basic childbirth practices. In 1979, New Mexico established regulations to require all practicing curandera–parteras to obtain a formal education and pass a licensing exam. Unfortunately, in 2003, only two curandera–parteras attempted the new state examination for licensing. Literary issues were believed to contribute to the low numbers.

One recent study by Lopez (2005) suggested that *curanderismo* does exist in specific areas of the United States. A convenience sample ($N = 70$) of Spanish-surnamed Latina college students enrolled in a social work program at a Southern California university revealed through a self-administered questionnaire that more than 70% of the students were familiar with the term *curandera*, and a majority knew someone who had used a curandera. More than 25% of the sample had personal

experience with a curandera. Although curanderas may not exist in all areas, one would expect their presence in geographical regions with large Latino populations.

A Personal Conversation

During the spring of 2006, I had an opportunity to take part in a Spanish Medical Immersion Program in Oaxaca, Mexico. During the program I lived with a family and worked in a local public health clinic. While taking part in this program I discussed my desire to meet and talk with a curandera if possible. My Spanish instructor made some inquiries and located a local curandera who was willing to meet with me. I discussed my plans with the Mexican physician at the clinic, who seemed very surprised and began to prepare me for what I could expect. He explained that she would live in an adobe (mud brick) house with dirt floors and would probably be barefooted and very *gorda* (fat). Not a very positive image!

That afternoon my Spanish instructor, another Spanish student, and I set off for the home of the curandera. We traveled by bus to a small pueblo outside the city of Oaxaca and then walked down a dirt road approximately half a mile. None of us knew exactly what to expect! My Spanish instructor had never been there before, and, of course, I had the mental image that the physician had prepared me with earlier that morning. We followed our instructions and came to the end of the road. There was only one house, but the house numbers did not match our directions. Could this be the place? It was a beautiful Spanish-style home with a new automobile parked in the driveway. We knocked on the door. Yes, in fact, this was the home of Doña Queta!

We were welcomed into a beautiful, modern home. The large house was open and airy, with very distinct Spanish accents and colors. The floors were covered with earth-toned Spanish tiles. We were escorted by a maid to an immaculate kitchen that had every modern appliance. There the three of us were joined by the curandera, Doña Queta. She was a well-groomed woman wearing modern American-style clothing and shoes! Slowly, all those preconceived ideas that had been planted by the physician were fading away.

Defining Health

We began our conversation with me asking her, "What is health?" Doña Queta replied that health consisted of several components, including physical, spiritual, and mental. She indicated that nutrition was very important.

My next questions concerned how people can stay healthy and what kind of things made people unhealthy. She spoke a great deal of how life is affected by our relationships with our families. If relationships within the family are negative, then a person's health will be adversely affected. She related that forming positive relationships was the "beginning of being healthy." She stressed that food was very important in maintaining health. Interesting! This all sounded very familiar.

Treatments for Pregnancy

I was particularly interested in her beliefs relating to specific health conditions. Were there any special treatments that she advised for pregnant women? Doña Queta replied that it depended on the woman's condition or problem. Massage with a warm shower was commonly used to assist with repositioning the fetus prior to birth. Cider or mint teas are used to calm and relax the expectant mother. After the delivery, it is important that the mother not stand immediately. No cold foods or carbonated drinks are given. *Caldo de pollo* (chicken broth) cooked with garlic and onion is a common food for the postpartum stage. Doña Queta clearly subscribed to a hot-cold theory of food, yet she stressed that *caliente* (hot) foods were related not to temperature but to the specific ingredients. Garlic, onion, oregano, and thyme are common *caliente* ingredients. Jicama root, avocado, watermelon, and cactus are common *frio* (cold) ingredients.

Cleansing the Emotions

Many conditions were believed to be related to unhealthy relationships. A very important treatment for such situations involved the use of a *limpia*, a ritual to cleanse the emotions. At this point, Doña Queta proudly displayed several packets that she had made from herbs, leaves, and bark from trees. She explained that she burned these items and used the smoke to help cleanse the body of the unhealthy emotions. At this point, my Spanish instructor related that as a child her own mother had brought her for routine limpieas. She further indicated that she felt they had been very beneficial and intended to bring her own son for a *limpia* in the weeks to come.

Culture-Bound Syndromes

We discussed several of the culture-bound syndromes that are common to Latino cultures, which include *susto* (fright), *caída de la mollera* (fallen fontanel), *empacho* (digestive condition), and *mal de ojo* (evil eye). Most of these conditions are treated by the use of herbs, teas, or

massage. Although my nursing knowledge clearly indicated different treatments for some of these conditions, many of the treatments Doña Queta described seemed to represent actions that would have a calming and reassuring effect for the client. Did she ever work with physicians? Yes, she replied that her granddaughter is an internal medicine physician. Doña Queta clearly recognized there were conditions that she could not treat and needed to be referred to a physician. Next, she explained that many times physicians referred clients to her.

Assessment Leads to a Plan of Care

We further discussed common medical ailments such as *el asma* (asthma), *los colicos menstruales* (menstrual cramps), and *las torceduras* (sprains). For each problem, Doña Queta clearly indicated that she completed an assessment for the cause and developed a plan of action based on that assessment. I was surprised to hear familiar medical terminology, even though she spoke only in Spanish. It was quite apparent throughout the conversation that she was a very knowledgeable woman and possessed a great deal of experience. The most surprising experience occurred when she brought out the doll she had developed to teach other parteras. This doll had been fashioned from cloth and was remarkably lifelike. The doll resembled a newborn and displayed a detachable umbilical cord, which was made from white webbed netting and attached to the placenta. Inside the webbed netting one could visualize the larger umbilical vein and the two smaller umbilical arteries, which were made with blue and red material respectively. The netting allowed a visual display of how these vessels attached to the placenta. It was quite apparent that she knew a great deal about anatomy and the physiology of childbirth. I was very impressed!

Nursing Implications

Nurses and nursing students need to be aware of the role of the curandera. A lack of knowledge or understanding of the actions by the curandera has contributed to a negative image by many health care professions. The focus on physical, emotional, and social interaction and spirituality by the practitioner of curanderismo is consistent with the holistic values of nursing as a profession. Nurses need to recognize the influence of culture-bound syndromes and how Latino clients seek health care related to these illnesses. The nurse who understands the traditional treatments will be able to provide culturally congruent care through Leininger's preservation, accommodation,

or restructuring modes of transcultural care (Leininger & McFarland, 2002). By recognizing and being familiar with traditional folk remedies, the nurse will be able to evaluate and incorporate these remedies into a plan of care as appropriate. Kay (1982) observed that Mexican American mothers do not have a set pattern of attachment and claiming behaviors for their babies, as previously established based on the work of Klaus, Kennell, and Plumb (1970) working with mothers and their newborns. If nurses judge Mexican American mothers on maternal attachment behavior that does not take into consideration cultural influences, they may create serious cultural impositions. Working with a curandera who is familiar with the attachment process from a cultural perspective decreases the risk of creating cultural pain for Mexican American mothers and their infants.

Conclusion

As our visit with Doña Queta came to an end, I wished I had more time to spend with her. It was quite apparent to me that she had many insights to offer, not only in understanding Mexican culture but also in helping me to recognize how the care of the curandera can be incorporated into modern health care. Another small surprise! She handed me her business card. She assured me that it had been an honor to meet with me as well. I had arrived at her home with several preconceived ideas that were quickly shattered. By allowing myself the opportunity to extend outside the box of traditional health care, I recognized that curanderas do exist in today's modern world. I recognize that this experience may not be representative of all curanderas, but it certainly allowed me to catch a small glimpse of an alternative treatment choice that may be very important to my Latino clients. Will I continue to teach about curanderas in my cultural diversity classes? Yes, I will encourage nursing students and seasoned nurses to be willing to open their minds and practice to incorporate cultural health beliefs so that we can serve our clients from a perspective that encourages physical, spiritual, and mental health.

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